

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

31599

County of OrangeburgTownship of BranchvilleInc. Town of BranchvilleCity of BranchvilleRegistration District No. 3601Registered No. 65

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH September 24 1922

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William W. Presley(14) NAME BEFORE MARRIAGE Lizzie Taylor(9) PRESENT POSTOFFICE OF FATHER Branchville S.C.(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 17 (Years)(12) BIRTHPLACE G.A.(18) BIRTHPLACE Lexington Co.(13) OCCUPATION Lumberman & Steam Shovel(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 7 A.M.(23) (Signature) L. H. Harrison(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Branchville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 9 1922 (28) Preston

When there was no attending physician or midwife, then the father, householder, etc. should be called upon even once, it must not be reported as stillborn. No report is desired of stillbirths or miscarriages.